



NIAGARAINAGRAFTON.CA 905-935-6822 FAX: 905-935-6847

Commitment to Quality Statement

Niagara Ina Grafton Gage Village commitment to quality is founded on the premise of providing the highest quality of care to our residents. We are committed to continuously seek out new ways to improve our practices and be seen as a leader in long-term care services.

Our mission is dedicated to fostering quality of life for clients through the provision of services that address the needs of the individual.

This will be achieved by creating a framework that will monitor the effectiveness of our quality improvement plan through continuous development involving our Quality Management System; by completing audits, reviewing our company's policies and procedures and ensuring constant communication and feedback from our residents, employees and volunteers within the home.

Our Aims and Goals are to:

- Address the changing needs of our residents and the community by providing our staff with contemporary training opportunities that will allow them to strive in their respective roles, and build a collaborative multidisciplinary team.
- Adhere to the principles of quality by addressing our internal and external suggestions and exceeding expectations.
- Demonstrate leadership in the field of service for our residents and provide effective solutions and practices.
- Ensure "best practice" principles and processes as a standard for care and service.

Our service is motivated by our concern and commitment to meet the needs of our residents, through our belief that each resident has worth and is deserving of respect and dignity. We want to ensure that our residents maintain maximum independence and are included in the decision-making process whenever possible while ensuring that quality is integral in everything that we do.

Our commitment to quality is communicated throughout our home through individual distribution and team-based cooperation initiatives, which are emphasized during internal employee training.

Our commitment to quality encourages flexibility, adaptability and tolerance to ensure that we are accountable to those we serve allowing continuous improvement.



ST. CATHARINES, ON L2M 7Y2



Continuous Quality Improvement Initiative Report January 2025

Designated Lead:

Adam Cesare, Resident Support Coordinator

2023-2024 Quality Improvement:

Please see the attached 2023-2024 QIP Progress Reports that identify the actions implemented based on the 2022 Resident Satisfaction Survey results.

2024-2025 Quality Priorities:

Please see attached 2024-2025 QIP, which focuses on the following priorities:

- Continue to implement new techniques and strategies to help reduce fall frequency. Recognize and implement individual fall prevention strategies that are positively effective.
- Track and evaluate all ED visits and determine if transfers were avoidable
- Educate all staff, including mandatory education annually and upon hire. Offer educational services to limit hospital transfers and enhance in-house services.
- Increase resident tendency to express opinions without fear of consequence or retaliation.

The priorities addressed in the QIP were identified by the CQIC based on the feedback that we have received from our 2024 resident satisfaction survey.

The attached QIP outlines the processes for measuring progress and implementing adjustments as needed throughout the year. Progress and adjustments will be reported to the CQIC as needed.

2024 Resident Satisfaction Survey:

The survey was distributed on May 28th, 2024 and will be completed by June 16th, 2024.

Please see the attached collated survey results.

Collated survey results we communicated as follows:

- Thanks to additional funding, we have added extra staffing, which will allow us to offer more one-on-one time with our residents and more time with direct care. Our ratio of staff to residents is now 1 to 6.6.
- Our team will be working on improving our response time surrounding resident care as well as continue to research a more efficient call bell system to help Niagara Ina Grafton however, there are currently no available funds to implement a new system at this time.





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Records of Improvement:

The individuals who participated in the plan of action and evaluation of our quality improvements are documented in the following minutes:

- Falls Prevention Meeting
 - N/A Meetings will begin in 2025
- IPAC Meeting
 - N/A Meetings will begin in 2025
- Continence Care and Bowel Management Meeting
 - September 26th
- Skin and Wound Care Meeting
 - N/A Meetings will begin in 2025
- Resident Council Meeting
 - August 22nd, October 24th, December 19th